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DEPARTMENT OF STATE

Office Use Only



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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	REFERENCE	:	084563	8090680	16
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## CHANGE OF AGENT

NAME: ELLIS II TRUCKING LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

۱.

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

	6951 CEDAR RIDGE CIRCLE	(b	b) 6951 CEDAR RIDGE CIRCLE	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	:
	MILTON, FL 32570 UN	 	MILTON, FL 32570 UN	
	03/07/2016		L16000047473	
	Date of filing/registration in Florida	4.	Document number	
(a)	ELLIS, JEFFREY L		•	
~7	Registered Agent and Registered Office shown on the records	of the Florida	fa Dept. of State:	A
	6951 CEDAR RIDGE CIRCLE		6	F
	Registered Office Address (MUST BE FLORIDA STREE	TADDRESS	MAX MAX	Т
				•
	MILTON, I	FL <u>32570</u>	<u>'0</u>	ын ID: 03
			រី	5
<b>b)</b>	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Register			2
	<u>NEW</u> Registered Office Address;			
	Tallahassee	FL 32301	1	
ie li cha	imited liability company is not organized under the linge or changes are made, the Florida street address vill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member cles of organization or the operating agreement of the street of the	of the regis liability or s of the lim he limited	istered office and the business office of the regis company, it is hereby confirmed that the change( mited liability company or as otherwise provided	s)
nt we /we arti	ue of a member or authorized representative of a member		Printed or typed name of signee	
nt w /we arti- gnat erel visio obli- iere	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my position as registered agent as provide by reflect a change in the registered office address, in writing of this change.		Printed or typed name of signee ct in this capacity. I further agree to comply with nance of my duties, and I am familiar with and a Chapter 605, F.S. Or, if this document is being confirm that the limited liability company has be	h the ccept filed en
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